

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s):	PAUL A. WORSOWICZ	
II. Name of Lobbyist's pa	artnership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN 214 North Main Street, Co	
603-228-118		
(Telephone)	(Fax)	(Email)
	s: (Choose one – file separate reports for actions which are not attributable to any	each client, OR you may file a separate report for one client.)
☐ All reportable transa	ctions occurring in the month prior to the re-	eporting date relative to the following client.
(Full Name of Client as it appears on the Lo	bbyist Registration Form)
OR All reportable transa unrelated to any particula		st's family), or the lobbying firm listed below which are
IV. Date of Report:	April 26, 2017 🔀	July 26, 2017 □
_	y from date of registration to 3/31/17	activity from 4/1/17 to 6/30/17
Reports cover: activity	_	_
	October 25, 2017	January 24, 2018 🗆
acti	vity from 7/1/17 to 9/30/17	activity from 10/1/17 to 12/31/17
	es received and no reportable transaction olete just this form and submit it to the Secr	as made since the last report. Etary of State's Office, State House, Room 204,
VI. Check if additional r	eports are attached:	
☐ If you have received for	ees or made expenditures, you must file Ad	dendum A – Fees and Expenses
☐ If you have paid an ho Expense Reimbursement	norarium or reimbursed expenses, you mus	t file Addendum B – Report of Honorariums or
If you, your firm, or yo	our family has made political contributions	you must file Addendum C – Political Contributions
Sworn Statement/Affirma I have read RSA 15, RSA 1 to the best of my knowledg	5-B and RSA 664 and hereby swear or affi	rm that the foregoing information is true and complete
(Signature of Lobbyist) PAUL A. WORSOWICZ	every	リージャープラ (Date) RECEIVED
(Print Name of lobbyist)		

APR 2 6 2017



STATE OF NEW HAMPSHIRE Lobbyists Report of Political Contributions Addendum C

(RSA Chapter 15:6)

I. Name of Lobbyist(s) PAU	L A. WORSOWICZ		·
II. Name of lobbyist's partners	hip, firm or corporation,	if any:	
(GALLAGHER, CALLAH	IAN & GARTRELL, P.C	
	(Name of partnership	, firm or corporation)	
III. Name of Client		Date	April 26, 2017
Political Contributions For each political contribution client/lobbyist and lobbying fire			paid on behalf of the
		tee: SHAHEEN FOR SI	ENATE
Full name of candidate:	SHAHEEN (Last Name)	JEANNE (First Name)	(Middle Name/Initial)
		· ·	,
Amount of Contribution \$500.00	Office Candidate is Seek	ing <u>U.S. SENATE</u>	
actual cost of the in-kind contribu enter an estimated value and the v		infount of contribution. If t	ne actual cost is not known,
Full name of candidate:	Political Action Committ	ee:	
i dii name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of Contribution \$	Office Candidate is See	king	
If the contribution is an in-kind coactual cost of the in-kind contribution enter an estimated value and the v	tion on the line above for a		
Full name of candidate:	Political Action Committee	e:	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of Contribution \$	Office Candidate is Seel	king	

If more than three	contributions were ma	de, report additional contributio	ns on separate addendum C forms.)	
have read RS		•	rear or affirm that the foregoing info	rmation
is true and com	piete to the best of			